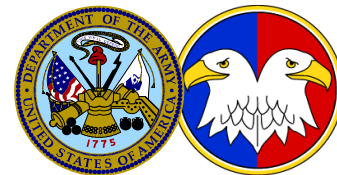


# ***AMEDD CREDENTIALING***

LTC Robert Rowe  
ARCCA Project Manager  
Army Reserve Surgeon's Office



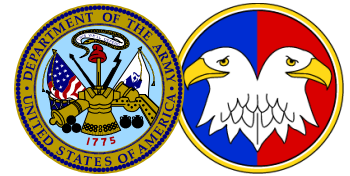
# ***Purpose***



- Define credentialing and privileging of health care providers
- Discuss credentialing requirements
- Give an overview of the privileging process
- Outline centralized credentialing within the Army Reserve and it's impact upon the AMEDD



# Definitions



- Credentialing – the process of gathering and verifying documents related to a healthcare provider's education, licensure, certification, and competency

*Proving you are who you say you are*

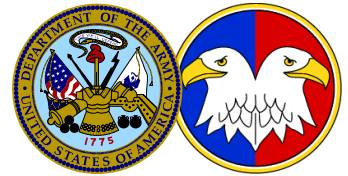
- Privileging – the granting of specified permissions to practice within a clinical setting based upon the credentials presented

*Authorization to practice clinically*

- You can be credentialed without being privileged but you cannot be privileged without being credentialed



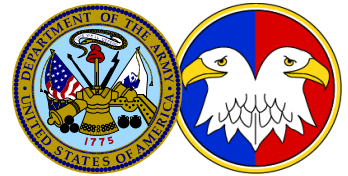
# ***Importance***



- Establish the competencies of fully qualified providers
- Identify those providers that are less than fully qualified to practice
- Identify providers who may require additional supervision in order to develop or demonstrate competency
- **Patient safety**



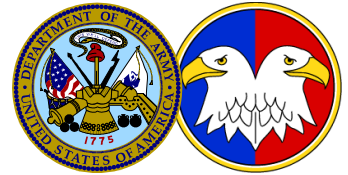
# ***Standards***



- Process governed by AR 40-68
- Based upon JCAHO standards
- Similar processes to civilian community
- Each hospital commander responsible for that facility's privileging process → facility specific requirements



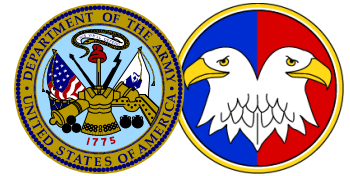
# ***Applicability***



- Health care providers that can independently make a diagnosis and prescribe or alter a treatment plan requires privileging
- Over 60 AOC's require privileging
- Over 7,000 privileged providers within the Army Reserve



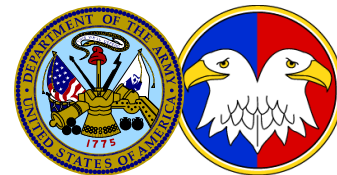
# ***Credentialing Requirements***



- One PCF to follow provider over entire career
- Mandated to keep PCF current, accurate, and complete at all times
- Provider obligated to notify credentials manager of positive and negative changes to credentials
- Majority of documents require prime source verification



# ***Credentialing Documents***

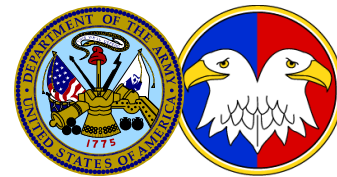


- Education and Training – provided once
- Licensure – updated with each renewal
- Certifications – updated with each renewal
- Emergency life support certifications (BLS required)– updated with each renewal
- Controlled substance registrations – updated with each renewal





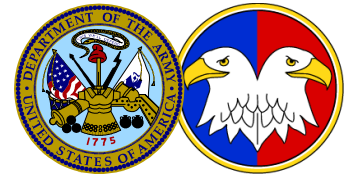
# ***Credentialing Documents (cont.)***



- Curriculum vitae – every 2 years
- Continuing education – 3 year history
- Malpractice insurance coverage – updated with each renewal
- Letters of recommendation – every 2 years
- Performance assessments – each military privileging period
- NPDB queries – every 2 years



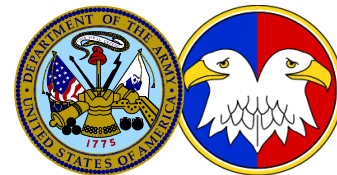
# ***Credentialing Documents (cont.)***



- Clinical privileges held in all facilities – updated with each renewal
- DA Forms
  - Some required every 2 years
  - Some required each time privileges requested
- Adverse actions – as needed



# ***Privileging Basics***



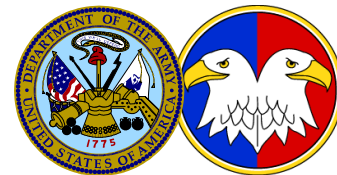
- Privileges granted only as needed
- Time specific
- Facility specific

*Having privileges in one MTF does not mean that privileges are granted at any other MTF*

- Privileging authority is generally the hospital commander
- Mobilizations have presented unique challenges
  - Determining who the privileging authority is/should be
  - Dealing with short suspenses



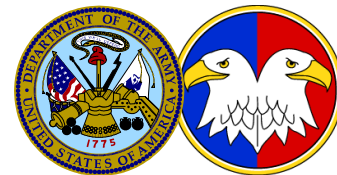
# ***Privileging Process***



- Credentials are verified to be complete
  - If credentials are maintained by someone other than the privileging facility, then an Interfacility Credentials Transfer Brief (ICTB) must be prepared and transmitted by the credentials manager
- DA Forms for privileging are prepared by provider and credentials manager
- Review of packet by specialty Department Chief
  - May be multiple layers of review based upon hospital structure



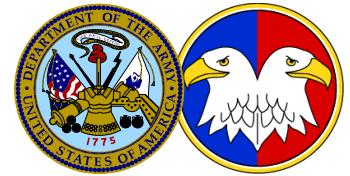
# ***Privileging Process (cont.)***



- Presentation to facility's Credentials Committee who makes a privileging recommendation to the Commander
- Commander grants or denies privileges
  - May concur or non-concur with Credentials Committee recommendation



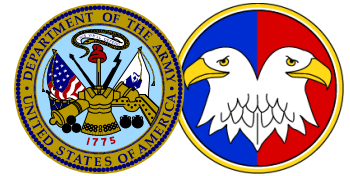
# ***Credentialing Responsibility***



- Active Component Providers
  - Practitioner Credentials File (PCF) usually maintained at duty location
- Army Reserve Providers
  - PCF maintained at the unit level for the time being
- Army National Guard Providers
  - PCF may be maintained at the unit or state level



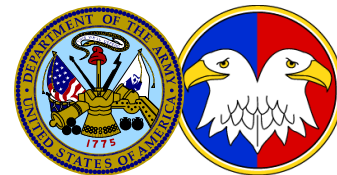
# ***RC Credentialing Issues***



- Units inadequately resourced with personnel, equipment, money, and time to properly maintain credentials files
- Mobility of force increases the difficulty of maintaining one accurate, complete PCF
- Limited “bang for the buck”: \$7M expended annually within the Army Reserve for 30% compliance
- Lack of trust by active component MTF’s
- Lack of credentials a proven mobilization-stopper



# ***Army Reserve Solution***

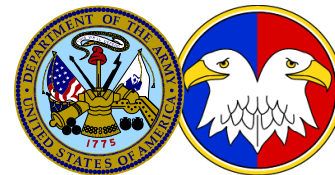


- Thorough review of credentialing-related issues began by Army Reserve Surgeon's Office began in August 2001
  - Multiple site visits (units, MTF's, AR-PERSCOM)
  - Financial analysis
  - Review of regulations, policies
- Recommendations
  - Centralize credentialing activities within one agency
  - Leverage existing and new technologies to drive efficiency
  - Employ an effective distribution of labor (military, DAC, contract)





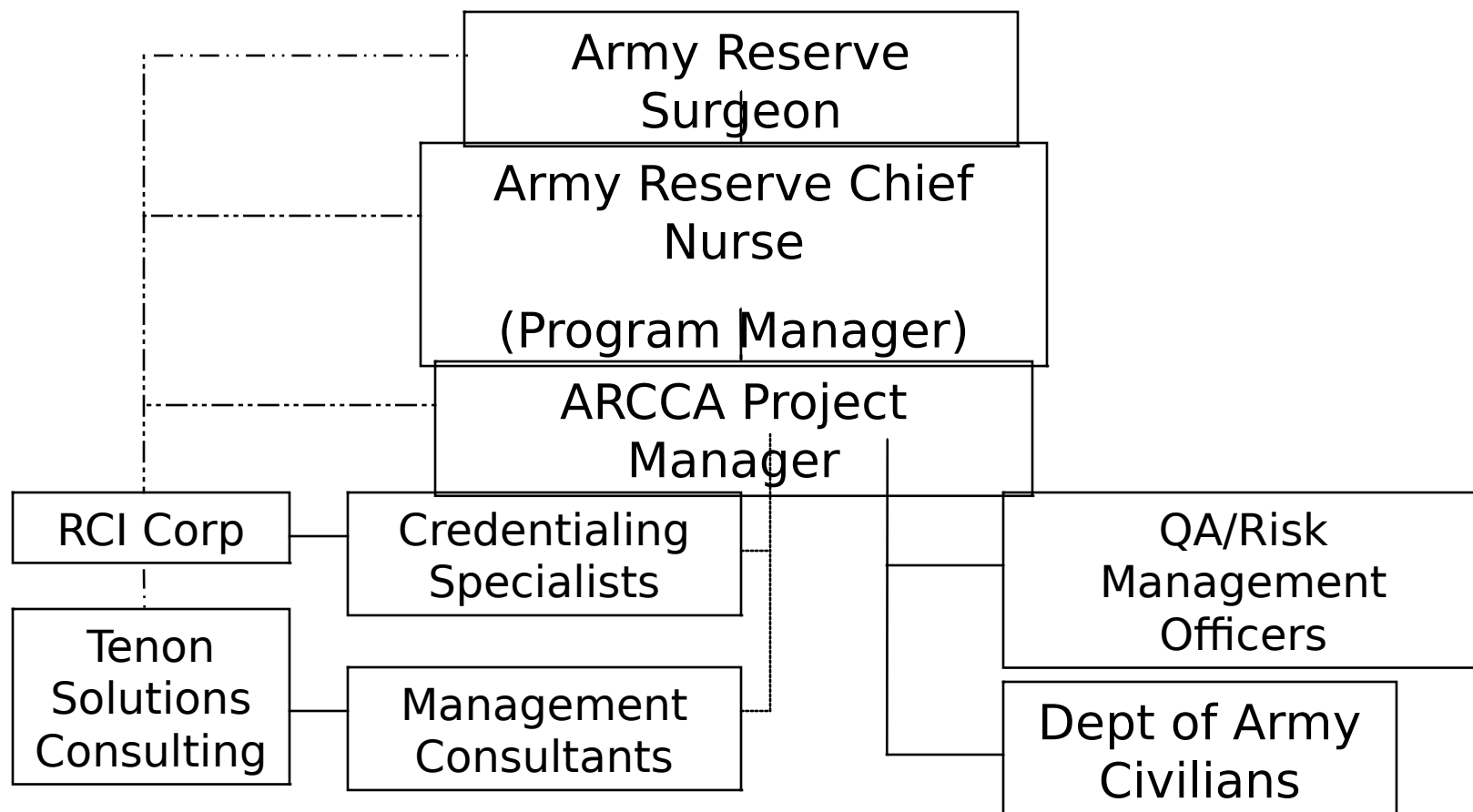
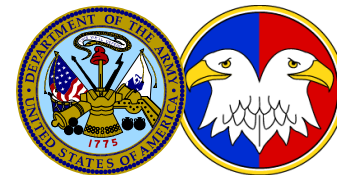
# ARCCA



**ARMY**  
**RESERVE**  
**CLINICAL**  
**CREDENTIALING**  
**AFFAIRS**



# Organization

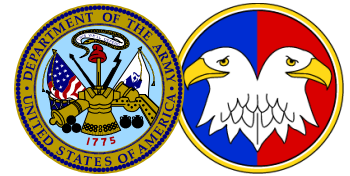


----- Contractual Relationship  
----- Traditional Management Relationship

----- Task/Production Monitor Relationship



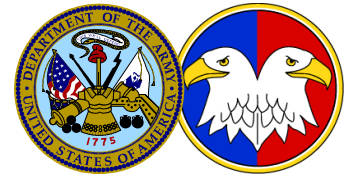
# ***ARCCA's Purpose***



- Develop a well respected, centralized credentialing service bureau that provides world-class service to its customers:
  - DOD Medical Treatment Facilities
  - US Army Reserve Units and Commands
  - Provider Community
  - OTSG/AMEDD, USARC, AR-PERSCOM, USAREC, et al
- Ensure credentials are managed in a manner that enables privileging requests within 72 hours of notification
- Improve the readiness and mobility of the Army Reserve clinical force
- Provide the data and tools necessary to assess and measure the readiness of the clinical force



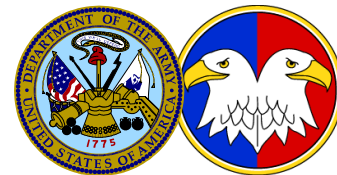
# ***ARCCA's Role***



- Maintain all Army Reserve Practitioner Credential Files
- Establish and update CCQAS records
- Assist providers in obtaining privileges as needed
  - Generate ICTB/request for privileges
  - Confirm granting of privileges prior to duty
  - Obtain post-duty clinical evaluations
- Identify and manage credentialing/privileging barriers



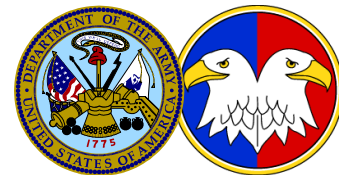
# ***Unit's Credentialing Role***



- Notify ARCCA when provider needs privileging action
- Privilege providers for unit integrity activities (no change from current policy)
- Notify ARCCA of situations that may adversely impact a provider's credentials and/or privileges



# ***Timeline - Privileged Providers***

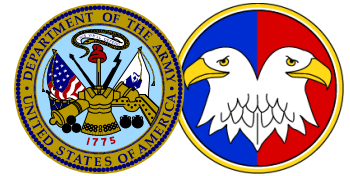


- All NAAD providers (approximately 800+) transitioned to ARCCA, completed 30 September 2003 (Pilot Phase)
- Transition TPU-based privileged providers ( $\approx$  3,000) to ARCCA by 1 October 2005
- TPU transition started 17 November 2003, 81<sup>st</sup> RSC and USASOC
- IMA and IRR providers to be transitioned in the future



# ***Timeline - Non-privileged Providers***

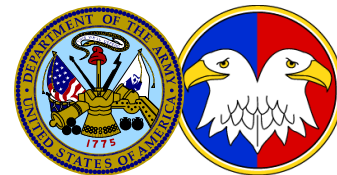
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- Transition period FY06 – FY09
- Projected to include AMEDD Officers only
- New Competency Assessment Files (CAF) outlined in updated AR 40-68 increases the complexity of this task



# Staffing

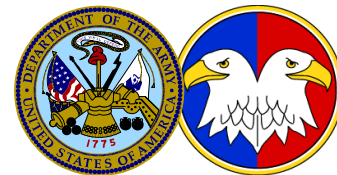


- Blended staff
  - AGR Army Nurses
  - DA Civilians
  - Contracted staff
- Numbers
  - 1 November 2003 = 13
  - 1 October 2008 = 58 (projected)
- Augmented by contracted consulting firm
  - Tenon Consulting Solutions, Inc.
  - Instrumental to rapid deployment of project





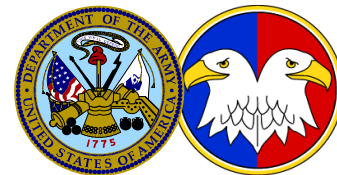
# ***Leveraging Technology***



- Maximizing use of CCQAS; complete, current records
- Demographics drawn directly from RLAS/TAPDB-R
- New technology: Military Advanced Credentialing (MAC)
  - 100% of PCF scanned into electronic format, providing simultaneous access to record as well as back-up to paper file
  - Automates complex workflows associated with large scale clinical credentialing operation
  - Rapid production of ICTB in proper format
  - Knowledge and information sharing platform
  - Purchased core technology from UNISYS Corp
    - Customized & implemented initial infrastructure in five months.



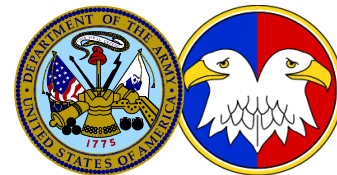
# ***Credentials Certification Board***



- Designed to provide peer review of credentials to ensure provider is clinically ready for mobilization
- Identifies and makes recommendations to manage high-risk providers
- Certifies that no known barriers to privileging exists but does not grant privileges; serves same function as current unit-level credentials committees that do not grant privileges
- Goal: validate and improve the credibility of credentialing within the Army Reserve



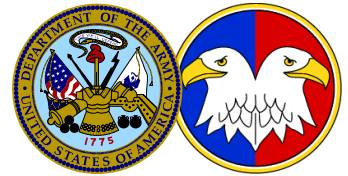
# **Credentials Certification Board (cont.)**



- 12 members
  - Mix of Army Reserve and Active Component officers
  - 6 assigned by virtue of position; 6 appointed to represent AMEDD branches
- Meets monthly in Atlanta
  - Travel funded by ARCCA
  - Duty status negotiable for Army Reserve members



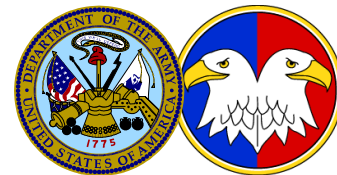
# ***Miscellaneous***



- ARCCA under the guidance and control of the Army Reserve Surgeon
- Located in the USARC HQ building, Ft. McPherson, GA
- Project has full support of the CAR, OTSG, and MEDCOM



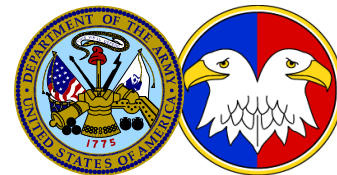
# ***Your Role***



- Know where your PCF is located
- Provide credentials as you receive them (e.g. new licenses, certifications)
- Respond to requests for documents *in a timely manner*
- Be proactive in determining credentialing/privileging status, esp. before training/mobilization
- Notify your credentials manager when there has been a change in your credentials



# ***Contact Information***



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